

INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION for the year 2004

EXAMINATION DATES: JUNE 4-6, 2004, and OCTOBER 8-10, 2004

APPLICATION DEADLINES: APRIL 20, 2004 and AUGUST 25, 2004
(The dates are also the deadline for submitting fee and proof of malpractice insurance to Indiana University; fee to Kilgore International; and fee payable to the Health Professions Bureau.)

FEES: \$250 made payable to the Health Professions Bureau, submitted with your application;

- \$200 made payable to Indiana University School of Dentistry, submitted with malpractice insurance, to Michelle Farris, DS 105, 1121 West Michigan Street, Indianapolis, IN 46202-5186
- \$104 payable by *money order, cashier's check or certified check* to Kilgore International, Inc.; 36 West Pearl Street; Coldwater, MI 49036.

REPEAT APPLICATION FEES: \$150 payable to Health Professions Bureau; \$200 payable to Indiana University School of Dentistry

If repeating Prosthetics only: \$150 payable to Health Professions Bureau; \$100 payable to Indiana University School of Dentistry (malpractice insurance not needed); \$104 payable by certified check or money order to Kilgore International (mail directly to Kilgore).

INDIANA STATE BOARD OF DENTISTRY
HEALTH PROFESSIONS BUREAU
402 WEST WASHINGTON STREET, ROOM W066
INDIANAPOLIS, INDIANA 46204
(317) 234-2057

(317) 233-4236 (fax) www.in.gov/hpb/boards/isbd

**INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION AND
DENTAL INTERN PERMIT INFORMATION**

You will need the following:

1. Application for licensure. Download the [Application for a License to Practice Dentistry or Dental Hygiene](#).
2. [Dental Candidate's Guidelines for the Clinical Examination](#), which is located on this web site.
3. The following statutes and rules:
 - a. Title 828 IAC - Rules of the Indiana State Board of Dentistry.
<http://www.state.in.us/legislative/iac/title828.html>
 - b. Indiana Code 25-13 & 25-14, Indiana Dental and Dental Hygiene Practice Acts.
<http://www.ai.org/legislative/ic/code/title25/ar13/index.html>;
<http://www.ai.org/legislative/ic/code/title25/ar14/index.html>
 - c. Indiana Code IC 25-1-9, Standards of Practice.
<http://www.ai.org/legislative/ic/code/title25/ar1/ch9.html>
 - d. Title 410 IAC 1-3 and 1-4, rules on Infectious Wastes and Universal Precautions.
<http://www.state.in.us/legislative/iac/title410.html>
4. A [certificate of completion](#), which is located on this web site.

TIME FRAME REGARDING PROCESSING OF YOUR APPLICATION

Once your application is received in our office, it will be assigned to a case manager. You will receive a status letter within ten working days.

Once your file is complete, you will be assigned a candidate number. The candidate number, in the Spring examination, determines the scheduling of your examination. For a sample schedule of both the Spring and Fall examinations, visit www.in.gov/hpb/boards/isbd/examsched.html.

Approximately three weeks prior to the examination date, if your file is complete, you will receive your candidate number, schedule, Patient Waiver Forms, Medical/Dental History Forms, and Treatment Selection Worksheet.

SEND YOUR COMPLETED APPLICATION AND FEES TO:
DENTAL GROUP
HEALTH PROFESSIONS BUREAU
402 WEST WASHINGTON STREET, ROOM W041
INDIANAPOLIS, INDIANA 46204

TESTING ACCOMMODATION REQUEST

If you have a disability that may require some accommodation in taking the clinical examination, please request a TESTING ACCOMMODATION REQUEST FORM from this office by calling (317) 234-2057. ***If accommodation is not requested prior to the application deadline, we***

cannot guarantee the availability of accommodation on-site. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333.

EXAMINATION REQUIREMENTS AND INSTRUCTIONS

ADMISSION TO THE EXAMINATION WILL BE DENIED IF A CHECK IS DISHONORED OR IF THE REQUIRED DOCUMENTS ARE NOT TIMELY RECEIVED IN THE BOARD OFFICE.

YOU MUST SUBMIT THE FOLLOWING:

1. Complete, typewritten (or legibly printed) application. Remember to sign the application affirmation and Authorization for Release of Information.
2. Application fee of \$250. Please make your check or money order payable to the Health Professions Bureau. Applications submitted without the application fee will be returned.
3. Two recent passport type quality photographs, one of which **must be signed**.
4. A notarized copy of marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
5. A copy of your **current, signed** CPR card. Take a refresher course if your card is about to expire.
6. Proof of malpractice insurance *to the Indiana University School of Dentistry with the examination fee, payable to Indiana University School of Dentistry*. You will not receive your admission packet unless the proof is submitted with the fee. **Indiana University must receive this by the application deadline date.**
7. Order form and fee to Kilgore International (enclosed) for the Prosthetics section of the examination. **Kilgore International must receive this by the application deadline date.**

YOU MUST CAUSE THE FOLLOWING TO BE SUBMITTED:

1. A notarized copy of diploma or a certificate of completion from your dental school. (See Certification of Completion form).
2. An official copy of your dental school transcript. This must be sent directly from your professional school to the Indiana State Board of Dentistry.
3. An official National Board final grade card (indicating successful completion). The telephone number of the National Board office is 312-440-2811
4. ***If you currently hold, or have held a license in another state***, a completed State Verification form(s). (See Verification of State Licensure form). You must send the forms to all state where you have been, or are currently licensed in any health profession. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them to see if such a fee is required.

5. ***If you currently hold, or have held a license in another state, a practitioner self-query report from the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Detailed information follows.***

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law.

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application cannot be processed without it.

INDIANA UNIVERSITY REQUIRES ALL EXAMINATION CANDIDATES TO HAVE MALPRACTICE INSURANCE IN ORDER TO TAKE THE EXAMINATION. YOU MUST SUBMIT PROOF OF INSURANCE WITH YOUR FEE TO THE SCHOOL TO TAKE THE EXAMINATION. IF YOU DO NOT HAVE THIS PROOF OF MALPRACTICE INSURANCE, YOUR APPLICATION WILL BE DENIED.

COVERAGE OBTAINED THROUGH YOUR SCHOOL (WHICH GENERALLY PROVIDES COVERAGE WHILE YOU ARE A STUDENT) OR GROUP INSURANCE WHICH COVERS THE DENTAL PRACTICE WITH WHICH YOU ARE PLANNING TO BECOME ASSOCIATED MAY NOT COVER THE EXAMINATION. PLEASE CHECK WITH YOUR INSURANCE CARRIER.

IF YOU HAVE QUESTIONS ABOUT MALPRACTICE INSURANCE, PLEASE CALL MICHELLE FARRIS AT INDIANA UNIVERSITY SCHOOL OF DENTISTRY, 317-274-8173. The Indiana Board of Dentistry cannot answer your questions about malpractice insurance.

ADDITIONAL INFORMATION

1. You must provide your own patients and equipment. See Dental Candidate's Guidelines for the Clinical Examination.
2. You must complete the medical/dental history and treatment selection worksheet of your patients prior to the examination.
3. All candidates must come to orientation even if they are not taking the entire examination.
4. If you have a question about a *clinical* procedure (e.g. patient selection, radiographs, etc.), please put it in writing or e-mail and direct it to Shelly Mazo at the Health Professions Bureau address or smazo@hpb.state.in.us. A Dental Board member will then be contacted for clarification.

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%.

The examination is based on the following documents:

IC 25-13 Dental Hygiene Law
IC 25-14 Dental Law
IC 25-1-9 Health Professions Bureau Standards of Practice
Title 828 IAC Dental and Dental Hygiene Rules
Title 410 IAC 1-3 and 1-4 Universal Precautions and Infectious Waste

INTERN PERMIT INSTRUCTIONS

PLEASE NOTE: APPLICATIONS AND DOCUMENTATION WILL NOT BE RETURNED TO YOU. FEES ARE NOT REFUNDABLE.

YOU MUST SUBMIT THE FOLLOWING:

1. Complete, typewritten (or legibly printed) application. Remember to sign the application affirmation and Authorization for Release of Information.
2. Application fee of \$100. Please make your check or money order payable to the Health Professions Bureau. Applications submitted without the application fee will be returned. If you are also applying for licensure, you must submit the appropriate application fee.
3. The Verification of Employment/Residency form. Have your supervising dentist complete and sign the appropriate portion of the form. (See Verification of Employment/Residency form.)
4. Two recent passport type quality photographs.
5. A notarized copy of marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
6. A copy of your **current**, signed CPR card. Take a refresher course if your card is about to expire.

YOU MUST CAUSE THE FOLLOWING TO BE SUBMITTED:

1. A notarized copy of your diploma from your dental school, or Certification of Completion. (See enclosed form. The Certification of Completion must be sent directly to the board from your school.)
2. An official copy of dental school transcripts showing degree conferred. Transcripts must be sent directly from your professional school to the Indiana State Board of Dentistry c/o the Health Professions Bureau.
3. An official National Board final grade card (indicating all sections passed). The telephone number of the National Board office is 312-440-2811.
4. ***If you currently hold, or have held a license in another state***, a completed State Verification form(s). (See Verification of State Licensure form). You must send the forms to all state where you have been, or are currently licensed in any

health profession. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them to see if such a fee is required.

5. ***If you currently hold, or have held a license in another state***, a practitioner self-query report from the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Detailed information follows.

QUALIFICATIONS FOR DENTAL INTERN PERMITS

The Board may, at its discretion, issue a *dental intern permit to any person* to whom it has not issued a license, but *who is a graduate of a dental college recognized by the board and is otherwise qualified to take the regular examination* for licensure. An applicant for a dental intern permit shall furnish to the board satisfactory evidence that the applicant has been:

- (1) appointed to a dental internship in a hospital, or similar institution operated under the laws of the State of Indiana; or
- (2) employed as:
 - (A) an instructor in a dental school recognized and approved by the Indiana State Board of Dentistry; or
 - (B) a teacher or operator in a clinic in a public or parochial school, college or university.

Any person receiving a dental intern permit may practice dentistry only in a hospital or other institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The intern's practice shall be limited to bonafide patients of the hospital or other institution.

The holder of an intern permit may not engage in private practice. Practice is limited to the internship site. It is not valid for engaging in faculty practice.

The permit is valid for only one (1) year from the date of issuance and is renewable at the discretion of the board upon the payment of a fee of fifty dollars (\$50.00). The Board may recall the permit at any time.

You are responsible for notifying the board if you wish to renew your permit.

INFORMATION REGARDING THE NATIONAL PRACTITIONER DATA BANK AND THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK

THIS INFORMATION APPLIES TO ALL APPLICANTS WHO ARE NOW OR HAVE BEEN LICENSED TO PRACTICE DENTISTRY OR MEDICINE IN ANOTHER STATE OR JURISDICTION. In order for your application for licensure to be complete, the Indiana State Board of Dentistry must receive a report on you from the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank if you are licensed to practice dentistry or medicine in another state or jurisdiction. **This applies**

only to applicants who are now or have been licensed to practice dentistry or any other health profession in Indiana, or another state or jurisdiction. It is your responsibility to obtain a self-query report from the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

- In order to obtain a current self-query report from the NPDB/HIPDB: Complete the *Individual Self-Query* form on-line at the NPDB/HIPDB web site (www.npdb-hipdb.com/queryrpt.html), print a copy of the completed form, sign it, have it notarized, and send the form to the NPDB/HIPDB for processing. The address of the NPDB/HIPDB is P.O. Box 10832, Chantilly, VA 20153-0832.

All forms must be filled out completely and include the practitioner's original ink signature. The practitioner must sign the form in ink in the presence of a notary public, and the notary must sign the form and affix his or her seal. If the notary public does not have a stamp or a seal, the notary must provide other proof of his or her office (e.g., a copy of his or her notary certificate)

When you receive a response from the Data Banks, please forward the response directly to the Health Professions Bureau. The Indiana State Board of Dentistry cannot review your application until the Health Professions Bureau receives the Data Bank report.

The NPDB and the HIPDB will accept only self-query forms obtained from the NPDB-HIPDB website (www.npdb-hipdb.com/queryrpt.html).

A self-query may not be sent to only one Data Bank. A \$10.00 fee will be assessed for each Data Bank, for a total of \$20.00, which must be paid by credit card.

ONCE YOU RECEIVE YOUR REPORT(S) FROM THE DATA BANK(S), PLEASE FORWARD THE REPORT(S) IMMEDIATELY TO THE HEALTH PROFESSIONS BUREAU AT THE FOLLOWING ADDRESS:

INDIANA STATE BOARD OF DENTISTRY
402 WEST WASHINGTON STREET
ROOM W041
INDIANAPOLIS, INDIANA 46204

Mandatory disclosure of U.S. Social Security Number

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Health Professions Bureau for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana State Board of Dentistry to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61. Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

NOTICE

TO ALL CANDIDATES TAKING THE PROSTHETICS PORTION OF THE STATE DENTAL BOARD EXAMINATION

In order to take the prosthetics portion of the state board examination, you must submit a *money order, cashier's check, or certified check* in the amount of \$104.00 payable to KILGORE INTERNATIONAL, INC. Personal checks will NOT be accepted. Do NOT send this check to the Indiana State Board of Dentistry or to the Health Professions Bureau. The mailing address for Kilgore International, Inc. follows:

KILGORE INTERNATIONAL, INC.
36 WEST PEARL STREET
COLDWATER, MICHIGAN 49036

Please be sure to send the lower half of this form to Kilgore International, Inc. along with your check. You should send your check to Kilgore International, Inc. at the same time that you submit your application to the Board.

Candidates taking the examination in June, 2003 who do not pay this fee by April 22, 2003 will not be permitted to take the State Board examination. Candidates taking the examination in October 2003 who do not pay this fee by August 27, 2003 will not be permitted to take the State Board examination. Payment date will be determined by postmark date.

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TO KILGORE INTERNATIONAL, Inc.:

I will be taking the Indiana State Board of Dentistry examination for licensure in:

June, 2003 _____

October, 2003 _____

(Candidate: indicate the exam you will be taking). I am enclosing payment in the amount of \$104.00 for the model to be used in the prosthetics portion of the examination. I understand that you will send my model directly to the Indiana State Board of Dentistry. Please notify the Board of Dentistry that I have paid \$104.00 to Kilgore International, Inc. *Type or clearly print your personal information below.*

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____